FORM CD-150 U.S. DEPARTMENT OF COMMERCE NOTE TO EMPLOYEE: Travel information is needed for (REV. 3/02) issuance of a valid Travel Order which you must have in PRESCRIBED BY your possession in order to claim reimbursement for travel. DOC TRAVEL HANDBOOK transportation, and applicable allowances provided by the Federal Travel Regulations (FTR). If you wish authorization REQUEST FOR AUTHORIZATION OF TRAVEL for the cost of travel, transportation and applicable expenses AND MOVING EXPENSES as provided by the FTR and agree to repay this cost in case vou do not remain with the Government for at least twelve TYPE OF AUTHORIZATION: (Check One) (12) months, complete this form. DO NOT BEGIN TRAVEL OR INCUR EXPENDITURES UNTIL AFTER YOU SIGN (a) FIRST DUTY STATION (New Appointee) THIS FORM AND RECEIVE AUTHORIZATION ON AN (b) PERMANENT CHANGE OF OFFICIAL DUTY STATION APPROVED TRAVEL ORDER. A COPY OF THIS FORM MUST BE ATTACHED TO THE TRAVEL ORDER. For IF THERE ARE ANY OUESTIONS CONCERNING THE COMPLETION OF THIS reimbursement of expenses, travel documents related to this FORM OR ANY OF THE ALLOWANCES LISTED, CONTACT: relocation should be sent to the following payment center: (Phone No.) (Name RETURN THIS FORM NO LATER THAN TO REFERENCES ARE TO THE DOC TRAVEL HANDBOOK. SECTION I - GENERAL INFORMATION (to be completed by appointing official) 2. OPERATING UNIT 3. SOCIAL SECURITY NUMBER IF BOX (a) 4. ADDRESS OF RESIDENCE AT TIME OF APPOINTMENT 5. ADDRESS TO WHICH TRAVEL ORDER SHOULD BE MAILED ABOVE IS (Street, City, State, Zip Code) (If different from item 4) CHECKED. COMPLETE ITEMS 4-8 6. POSITION TO WHICH APPOINTED 7. LOCATION OF POSITION (City, State) 8. PROPOSED EFFECTIVE DATE OF APPOINTMENT 9. CHANGE OF OFFICIAL DUTY STATION (City, State) 10. PROPOSED REPORTING IF BOX (b) ABOVE IS TO: DATE AT NEW STATION CHECKED, COMPLETE ITEMS 9-10 SIGNATURE AND TITLE OF APPOINTING OFFICIAL TELEPHONE NO. DATE SECTION II - TRAVEL INFORMATION (To be completed by employee) The information provided in this section will be used by the Authorizing Official to determine the appropriate allowances to be authorized. If box (a) above is checked, complete items 11-19 (where applicable). If box (b) above is checked, complete items 11-25 (where applicable). 11a. ADDRESS OF EMPLOYEE'S (OLD) RESIDENCE 11b. DISTANCE FROM OLD 12. IS NEW STATION 50 MILES GREATER THAN THE RESIDENCE TO OLD DISTANCE IN 11b (See FTR 302-1.1) ☐ YES ☐ NO (If no, do not complete this form. Relocation allowances are not authorized. 13. MODE OF TRAVEL FOR WHICH AUTHORIZATION IS REQUESTED (Privately owned vehicle, air, bus, train, etc.) APPROXIMATE DATE OF DEPARTURE POINT MODE DEPARTURE ARRIVAL a. FOR SELF b. FOR IMMEDIATE FAMILY

RELATIONSHIP

14. IF YOU AND YOUR FAMILY WILL TRAVEL SEPARATELY, EXPLAIN

15. NAMES OF IMMEDIATE FAMILY MEMBERS FOR WHOM AUTHORIZATION IS REQUESTED

16. USE OF MORE THAN ONE PRIVATELY OWNED AUTOMOBILE REQUESTED $\ \square$ YES $\ \square$ NO

CHILDREN'S BIRTH DATE

17. WILL HOUSEHOLD GOODS AND PERSONAL EFFECTS BE MOVED (See FTR 302-7)	APPROXIMATE DATE	ESTIMATED WEIGHT	NO. ROOMS	
□ YES □ NO				
LOCATION OF HOUSEHOLD GOODS AND PERSONAL EFFE	CTS	DESTINATION		
18. WILL STORAGE OF HOUSEHOLD GOODS BE REQUIRED YES NO NO. OF DAYS	O (See FTR 302-7) ☐ TEMPORARY	□ NONTEMPORARY (Justify. S	iee FTR 302-8)	
19. TRANSPORTATION OF MOBILE HOME IN LIEU OF TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS (Items 17 and 18). I certify the mobile home is for use as a residence for me and my immediate family at the destination (See FTR 302-10) [YES] NO If yes, initial here for certification of above statement.				
20. TRIP TO SEEK RESIDENCE REQUESTED (Justify. See FTH YES NO SELF SPOUSE BOTH	□POV	F TRAVEL	INCLUSIVE DATES REQUESTED	
21. TEMPORARY QUARTERS REQUESTED (Justify. See FTR 302-6) □ YES □ NO				
SUBSISTENCE EXPENSES FOR	lf & family)	ARE REQUESTED FOR NOT	MORE THAN DAYS WHILE OCCUPYING	
TEMPORARY QUARTERS. APPROXIMATE DATES OF TEMPORARY QUARTERSTO				
22. EXPECTED REAL ESTATE EXPENSES (See FTR 302-11)				
☐ SELLING ESTIMATED VALUE OF HO! RESIDENCE TO BE SOLD \$		☐ BUYING RESIDENCE	□ TERMINATING LEASE	
23. THIRD PARTY RELOCATION CONTRACTOR SERVICES REQUESTED (See FTR 302-12) (Check with your Authorizing Official to determine if these services are available in your Operating Unit.)				
☐ YES I am interested in the services of a third party relocation contractor to provide for the sale of my residence at my old official duty station. I understand that the fees paid to the contractor void my entitlement to direct reimbursement of these fees. I agree to reimburse the Government for any and all expenses and fees paid to the contractor on my behalf for the services received if I fail to fulfill the requirements of my service agreement. If yes, initial here				
No I am not interested in the services of a third party relocation contractor to provide for the sale of my residence at my old official duty station. I understand that I may not request this service for the relocation on or after the effective date of transfer to my now official duty station. If no, initial here				
☐ YES I am interested in the services of a third party relocation contractor for assistance in home marketing and/or home finding. (These services are at no cost ☐ No to the Government or the employee.)				
24. ☐ ALLOWANCES FOR MISCELLANEOUS EXPENSES (See FTR 302-16) AND RELOCATION INCOME TAX ALLOWANCE (See FTR 302-17)				
25. SHIPMENT OF PRIVATELY OWNED VEHICLE REQUESTED (Justify. See FTR 302-9)				
SECTION III - SERVICE AGREEMENT (MUST BE COMPLETED BY EMPLOYEE)				
In consideration of the payment of travel and transportation expenses and applicable allowances as provided by regulation and incurred on my behalf by (Operating Unit) in connection with (a) the appointment to my first duty station, or (b) the permanent change of my official station, I agree to remain in the employment of the United States Government for twelve (12) months following the effective date of transfer or appointment unless separated for reasons beyond my control and acceptable to the department or agency in which I am employed. I understand and agree that if I violate this agreement, any payments made pursuant to it shall be recoverable from me as a debt due the United States.				
Also, I agree that if I receive Withholding Tax Allowance (WTA) payments for claims filed for relocation transfer expenses, I will repay any excess WTA payments made to me. I will submit the required certified tax information and file a Relocation Income Tax Allowance (RITA) claim. If I do not file the claim for RITA, I agree to repay the Government for the entire Withholding Tax Allowance expended by the United States in connection with my transfer. I understand that under such circumstances such funds are recoverable from me as a debt due the United States (FTR 302-17).				
EMPLOYEE'S SIGNATURE	DATE	HOME TELEPHONE AREA CODE NUM	WORK TELEPHONE AREA CODE NUMBER	

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SECTION IV - PRIVACY ACT NOTIFICATION The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations, E.O. 9397 of November 22, 1943, E.O. 11012 of March 27, 1962, E.O. 11609 of July 22, 1971, E.O. 12466 of February 27, 1984, and E.O. 12522 of June 24, 1985. The Social Security Number (SSN) is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and delay or suspension of claims for reimbursement. SECTION V - TRAVEL AUTHORIZATION/CERTIFICATION (TO BE COMPLETED BY AUTHORIZING OFFICIAL)

SECTION V - TRAVEL AUTHORIZATION/CERTIFICATION	N (TO BE COMPLETED BY AUTHORIZI	NG OFFICIAL)
The employee/appointee is authorized to travel and incur necessary experissued in accordance with the Department of Commerce Travel Handboo or benefit of the employee or at his/her request.		
Signature of Authorizing Official	Title	Date
SECTION VI - CERTIFICATION FOR SHIPMENT OF HOUS	SEHOLD GOODS (TO BE COMPLETED	BY TRANSPORTATION OFFICER)
In accordance with 41 CFR 101-40.2, I certify that a cost comparison to General Services Administration (GSA) (copy attached). It has been detergoods for this relocation is:	•	•
$\hfill \Box$ Commuted Rate - employee makes all arrangements with carriers and	pays the carrier directly.	
☐ Government Bill of Lading (GBL) - Government makes arrangements	with the carrier and is responsible for payment to	the carrier.
Signature of Bureau Official/Transportation Officer	Telephone Number	Date
SECTION VII - JUSTIFICATIONS/REMARKS		
Use this space for justifications or remarks. Indicate item numbers to whi separate sheets of paper and attach to this form.	ich justifications or remarks apply. If additional spa	ace is needed, use the back of this page or
SECTION VIII - DISTRIBUTION		

1 copy: Employee's official personnel file

1 copy: Office copy

2 copies for employee: (1) Copy (with GSA cost comparison) attached to the Travel Order submitted with the first reimbursement claim made on a Travel Voucher (2) Employee's personal copy

1 copy: Relocation Services Coordinator, if applicable, with two complete copies of the Travel Order.

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